



Town of East Hampton

Building Department

20 East High Street, East Hampton, CT 06424

Tel (860) 267-9601 www.easthamptonct.gov

ELECTRICAL APPLICATION

PROJECT LOCATION INFORMATION

Street No. & Street Name:

☐ Sewer ☐ Septic ☐ Well

Detailed Description of Project:

☐ Commercial ☐ Residential ☐ Single Family ☐ Multi-Family # _____

CRS# _____

PROPERTY OWNER'S INFORMATION AS IT APPEARS ON THE LAND RECORDS

Name:

Mailing Address:

Phone:

Cell:

Email: (Required)

APPLICANT/CONTRACTOR INFORMATION

Name:

Business Name
(if applicable):

Mailing Address:

License/Registration
(Type & No.):

Phone:

Cell:

Email: (Required)

AFFIDAVIT

I am aware that this is only an Application for the work described, and that I am not authorized to proceed with the project until such time as a Permit has been issued by the Building Official.

I hereby certify that the proposed work shall conform to the Connecticut State Building Code and all other codes as adopted by the State of Connecticut, the Town of East Hampton Ordinances and the Town of East Hampton Zoning Regulations. I further attest that I am authorized to make application for a Permit for such work as described above.

Signature:

☐ Owner

☐ Applicant

Print Name:

Date:

VALUE OF PROJECT: Value shall include all labor and material costs.

PERMIT FEES (Office Use Only)

TOTAL VALUE OF PROJECT: \$

Electrical Fee: \$

An Application for a Permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such Application has been pursued in good faith or a Permit has been issued.

☐ Cash

☐ Check #

Received By:

ANY FALSE STATEMENT OR ANY BUILDING PERMITS GAINED BY SUCH STATEMENT WILL RENDER PERMITS NULL & VOID.

THIS IS NOT A PERMIT

Call Before You Dig – Dial 811 or visit www.call811.com for more information.